



# Biographical Data Form

Everyone who records interviews in connection with the Veterans History Project, including Official Partners who are retaining their collections or depositing them in a local archive or library, must fill out this form to ensure that interviewed veterans or civilians appear in our national catalog honoring their service and participation.

PLEASE PRINT CLEARLY

Veteran/Civilian \_\_\_\_\_  
first middle last maiden name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) - \_\_\_\_\_ Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_  
month/day/year

Male ☐ Female ☐ Race/Ethnicity (optional) \_\_\_\_\_

Branch of Service or Wartime Activity \_\_\_\_\_

Battalion, Regiment, Division, etc. \_\_\_\_\_

Highest Rank \_\_\_\_\_

Date(s) of Enlistment/Service \_\_\_\_\_ to \_\_\_\_\_

War(s) in which individual served \_\_\_\_\_

Locations of military or civilian service \_\_\_\_\_

Did the veteran or civilian sustain combat or service-related injuries? Yes ☐ No ☐

Was the veteran a prisoner-of-war? Yes ☐ No ☐

Medals or special service awards. If so, please list:

\_\_\_\_\_  
\_\_\_\_\_

Are photographs included? Yes ☐ No ☐ (If yes, please complete the Photograph Log in this kit.)

Are manuscripts included? Yes ☐ No ☐ (If yes, please complete the Manuscript Data Sheet in this kit.)

Does the veteran or civilian have field maps Yes ☐ No ☐ or wartime-related home movies Yes ☐ No ☐

that he or she would like to share with the Library of Congress? (If yes, we will contact you shortly.)

Please use reverse for additional biographical information.